



DOMESTIC WIRE TRANSFER REQUEST

(Processing Deadline: 2:00 p.m.)

THIS FORM MUST BE FAXED TO (952) 285-2727 TO BE PROCESSED

****A TELEPHONE CALL TO (952) 285-2755 MUST BE MADE PRIOR TO FAXING THIS WIRE REQUEST FOR AUTHORIZATION PURPOSES****

ORIGINATOR INFORMATION

Date _____ Amount _____

Debit Account Number _____

Name _____

Address _____

City _____ State/Country MN Zip _____

I am authorized to initiate wire transfers for the above referenced Crown Bank account. I understand there is a fee for sending domestic or international wires and I authorize the bank to charge the account number listed above for the appropriate wire transfer fee. I have received a copy and read the Crown Bank Wire Transfer Agreement and agree to the terms and conditions contained therein.

Authorized Signer (**Print Name**): _____

Authorized Signature: _____

Title: _____ Telephone Number _____

BENEFICIARY BANK INFORMATION

Bank Routing/ABA Number _____

Bank Name _____

City _____ State _____

BENEFICIARY INFORMATION

Account Number _____ Beneficiary Name _____

Address _____

City _____ State/Country _____ Zip _____

Originator to Beneficiary Information _____

Domestic Transfer Fees: Outgoing \$16.00
(Fees subject to change)